CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED: _____

Patient's Last Name

Social Security Number ___ — ___ — ___

First Name/Middle Name (or initial)

Birth Date Month Day Year

Age

Address: Number, Street

Apt./Unit Number

City/Town

State

ZIP Code

Area Code **Home Telephone**

Gender M F

Pregnant? Y N Unk

Estimated Delivery Date Month Day Year

Area Code **Work Telephone**

Patient's Occupation/Setting

❒ Food service ❒ Day care ❒ Correctional facility
❒ Health care ❒ School ❒ Other _____

Ethnicity (✓ one)

❒ Hispanic/Latino
❒ Non-Hispanic/Non-Latino

Race (✓ one)

❒ African-American/Black
❒ Asian/Pacific Islander (✓ one):
- ❒ Asian-Indian ❒ Japanese
- ❒ Cambodian ❒ Korean
- ❒ Chinese ❒ Laotian
- ❒ Filipino ❒ Samoan
- ❒ Guamanian ❒ Vietnamese
- ❒ Hawaiian
- ❒ Other: _____

❒ Native American/Alaskan Native
❒ White: _____
❒ Other: _____

DATE OF ONSET Month Day Year

DATE DIAGNOSED Month Day Year

DATE OF DEATH Month Day Year

Reporting Health Care Provider

Reporting Health Care Facility

Address

City **State** **ZIP Code**

Telephone Number ( )

Fax ( )

Submitted by

Date Submitted (Month/Day/Year)

REPORT TO

Epidemiology
Fax: (858) 715-6458 ☐
Phone: (619) 515-6620 ☐
Sexually Transmitted Diseases
Fax: (619) 692-8541
Phone: (619) 692-8520 ☐
Tuberculosis
Fax: (619) 692-5516 ☐
Phone: (619) 692-8610 ☐
(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis

❒ Primary (lesion present)
❒ Secondary
❒ Early latent < 1 year
❒ Latent (unknown duration)
❒ Late latent > 1 year
❒ Late (tertiary)
❒ Congenital
❒ **Neurosyphilis**

Syphilis Test Results

❒ RPR Titer:_____
❒ VDRL Titer:_____
❒ FTA/MHA: ❒ Pos ❒ Neg
❒ CSF-VDRL: ❒ Pos ❒ Neg
❒ Other:_____

Gonorrhea

❒ Urethral/Cervical
❒ PID
❒ Other: _____

Chlamydia

❒ Urethral/Cervical
❒ PID
❒ Other: _____

❒ **PID (Unknown Etiology)**
❒ **Chancroid**
❒ **Non-Gonococcal Urethritis**

STD TREATMENT INFORMATION

❒ **Treated (Drugs, Dosage, Route):**

_____
_____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to: _____

VIRAL HEPATITIS

		Pos	Neg	Pend	Not Done
❒ **Hep A**	anti-HAV IgM	❒	❒	❒	❒
❒ **Hep B**	HBsAg	❒	❒	❒	❒
❒ **Acute**	anti-HBc	❒	❒	❒	❒
❒ **Chronic**	anti-HBc IgM	❒	❒	❒	❒
	anti-HBs	❒	❒	❒	❒
❒ **Hep C**	anti-HCV	❒	❒	❒	❒
❒ **Acute** ❒ **Chronic**	PCR-HCV	❒	❒	❒	❒
❒ **Hep D (Delta)**	anti-Delta	❒	❒	❒	❒
❒ **Other:** _____		❒	❒	❒	❒

Suspected Exposure Type

❒ Blood transfusion ❒ Other needle exposure ❒ Sexual contact ❒ Household contact
❒ Child care ❒ Other: _____

TUBERCULOSIS (TB)

Status

❒ **Active Disease**
- ❒ Confirmed
- ❒ Suspected

❒ **Infected, No Disease**
- ❒ Convertor
- ❒ Reactor

Site(s)

❒ Pulmonary
❒ Extra-Pulmonary
❒ Both

Mantoux TB Skin Test

Date Performed Month Day Year

Results:_____ mm ❒ Pending ❒ Not Done

Chest X-Ray Month Day Year

Date Performed

❒ Normal ❒ Pending ❒ Not done
❒ Cavitary ❒ Abnormal/Noncavitary

Bacteriology

Date Specimen Collected Month Day Year

Source _____

Smear: ❒ Pos ❒ Neg ❒ Pending ❒ Not done
Culture: ❒ Pos ❒ Neg ❒ Pending ❒ Not done

BCG Vaccine Given? ❒ Yes ❒ No
If yes, at what age/year? _____

Other test(s) _____

TB TREATMENT INFORMATION

❒ **Current Treatment**
❒ INH ❒ RIF ❒ PZA
❒ EMB ❒ Other: _____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to: _____

REMARKS

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

☎ = Report immediately by telephone (designated by a ◆ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)

FAX ✆ ✉ = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

Acquired Immune Deficiency Syndrome (AIDS) (Human Immunodeficiency Virus infection only - see lower right)
FAX ✆ ✉ Amebiasis
☎ Anthrax
☎ Avian Influenza (human)
FAX ✆ ✉ Babesiosis
☎ Botulism (Infant, Foodborne, Wound)
☎ Brucellosis
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (only hospitalizations and deaths)
Chlamydial Infections, including Lymphogranulom Venereum (LGV)
☎ Cholera
☎ Ciguatera Fish Poisoning
Coccidioidomycosis
FAX ✆ ✉ Colorado Tick Fever
FAX ✆ ✉ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cysticercosis or Taeniasis
☎ Dengue
☎ Diarrhea of the Newborn, Outbreak
☎ Diphtheria
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae* invasive disease (report an incident less than 15 years of age)
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
Hepatitis, Viral
FAX ✆ ✉ Hepatitis A
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
Influenza deaths (report an incident of less than 18 years of age)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Malaria
☎ Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ Meningococcal Infections
Mumps
☎ Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
FAX ✆ ✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
FAX ✆ ✉ Poliomyelitis, Paralytic
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
☎ Rabies, Human or Animal
FAX ✆ ✉ Relapsing Fever
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
☎ Scombroid Fish Poisoning
☎ Severe Acute Respiratory Syndrome (SARS)
☎ Shiga toxin (detected in feces)
FAX ✆ ✉ Shigellosis
☎ Smallpox (Variola)
☎ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
☎ Tularemia
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
Typhus Fever
FAX ✆ ✉ *Vibrio* Infections
☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ✆ ✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
FAX ✆ ✉ West Nile Virus (WNV) Infection
☎ Yellow Fever
FAX ✆ ✉ Yersiniosis
☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx.

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS § 2800-2812 AND § 2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) (§ 2593)***

LOCALLY REPORTABLE DISEASES (If Applicable)

INVASIVE GROUP A STREP

NOTE:* For diseases that require "immediate" reporting on weekends/holidays, please call (858) 565-5255.

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Heatlh and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.